



Become A Member of dFs



Membership qualifies you to vote at the annual election of Board members and officers as well as vote on issues referred to the membership.

According to our Bylaws, you must make a minimum contribution of \$10.00 in order to become a member.

Please print this form and mail it with your check made payable to Diversified Family Services 5454 East State Street, P.O. Box 1027, Hermitage, PA 16148

dFs Membership Form

Date: _____
Donation for the Fiscal Year

dFs, by virtue of being a nonprofit organization, receives reimbursement from the PA Department of Public Welfare for certain stipulated operating expenses; however, other disbursements are ineligible for reimbursement. The purpose of this fund is to provide additional benefits to **dFs** recipients and to cover expensed not reimbursed by the DPW. All expenditures from this fund must be approved by the **dFs** Board of Directors.

This donation of \$ _____ is my contribution to the dFs Membership Fund.

Name: _____

Address: _____

Phone: _____

Is this membership renewal?

Yes

No